		_	
Please type	a plus sign (十)inside	this box

→

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Mehrzad Asadi
Title	AUTOMATIC GPRS/EDGE RE-ATTACH
Group Art Unit	
Examiner Name	
Attorney Docket Number	U04-0271.108

I hereby a	ppoint:					
	Practitioners at Cus OR Practitioners named	24,23	39		242	39
		Name	F	Registration Numb	oer	
as my/our business ir	attorney(s) or agent the United States P	t(s) to prosecute the applicate atent and Trademark Office	tion identified connected th	l above, and to terewith.	ransact all	
Please cha	nge the corresponde	ence address for the above-i	dentified appl	ication to:		****
П	Practitioners at Cus	stomer Number				
_	OR				Place Cus	stomer
	☐ Practitioners at Customer Number ☐ Number Bar Code Label Here					
	Firm <i>or</i> Individual Name					
Address				·		·
Address						
City			State		Zip	
Country						
Telephone			Fax		- ***	
I am the: ☐ Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
		SIGNATURE of Applican	t or Assignee of	Record		
Name		ad Asadi A				
Signature Date		1200 ABCC:				
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
×	*Total of2		d.			

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450

Please type	a plus sign (🛨) inside this box

+

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Mehrzad Asadi
Title	AUTOMATIC GPRS/EDGE RE-ATTACH
Group Art Unit	
Examiner Name	
Attorney Docket Number	U04-0271.108

I hereby appoint:					
Practitioners at Cu OR X Practitioners name				Place Customer Number Bar Code Label Here	
	Name	R	Registration Number		ļ
Kenneth D. B.	assinger	43,484			
Daniel P. Hon		55,275			
Richard J. Ro		27,688			
Debra K. Step		38,211			
Ivan N. Wake	field	45,190			
as my/our attorney(s) or ag business in the United State	ent(s) to prosecute the app s Patent and Trademark O	olication identif	ied above, and to	transact all	
business in the officer state	s ratelle and Tradelliark O	ince connected	therewith.		
Please change the correspor	ndence address for the abo	ve-identified ap	plication to:		
The above-mention OR	ned Customer Number .			ln. a.	i
Practitioners at Cu	stomer Number			Place Customer Number Bar Code	
OR OR	scomer ramoer		•	Label Here	
Firm or		. <u></u> .		1 Dabet Here	
Individual Name					
Address					
Address					
City		State	T	Zip	
Country		- L			
Telephone		Fax			-
I am the:		<u> </u>			
☑ Applicant/Inventor	;				
	of the autics interest. Co. 27	CED 2.71			
	of the entire interest. See 37 CFR 3.73(b) is enclosed. (Form				
	(
SIGNATURE of Applicant or Assignee of Record					
		ant or Assignee t	or Record		
Name Mehrz Signature Nor	WAS OF AVOICE				
Date 09-21-2004					
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
*Total of2	forms are submitt	ed.			

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450